

tiveness of three types of triage tags, three methods of attaching the tags to patients and three types of triage kits. (The Prehospital Care Research Forum published an abstract of the study in spring 1999.)

Medical incident review

In conjunction with the statewide triage study, the EMS Office of the Phoenix Fire Department reviewed all first-alarm (or greater) medical incidents. More than 87% of these incidents involved multi-vehicle crashes, with an average of 6.2 patients treated per event.

EMS personnel triaged more than 50% of the patients as Priority I—most often due to mechanism of injury—and transported them to Level I trauma centers. Almost one in four incidents involved seven or more patients.

In the bag

The state triage tag committee used the data from the simulations and the Phoenix incident study to develop a new triage system. An adjustable red, triage fanny pack became the core of the Arizona Triage System (see Figures 1–4). The pack has an adjustable belt that fits 28–55" waists and holds:

- 35 multicolored tear-off triage tags;
- 35 nylon ties;
- 15 IMMEDIATE labels;
- six oropharyngeal airways;
- three pens; and
- one pair of trauma scissors.

Top tag

The Arizona Triage System uses multi-colored triage tags based on the Simple Triage and Rapid Treatment (START) method to classify patients. The Newport Beach (Calif.) Fire and Marine Department developed START in the 1980s, and it is now in wide use across the United States. This straightforward, easy-to-use technique ensures consistency when triaging patients.

Each tag features the START flow chart, which provides a quick reference for EMS providers during triage (see Figure 5).

The triage tag also has patient-tracking stubs on both sides (see Figure 6). The pre-numbered tracking stubs improve patient accountability and eliminate the need to manually record a six-digit number when a patient is transported (see Figure 7).

During triage, the provider removes one stub and places it in the triage pack to track the number of patients they've triaged (see Figure 8). The reverse side of the tag is used to record patient assessment and treatment information (see Figure 9).

The Transportation Officer removes the other tracking stub as patients are assigned to an ambulance crew and readied for transport (see Figures 10 and 11). This stub is used for presentation of a radio report to the receiving hospital and entry on a patient-accountability log.

IMMEDIATE labels

IMMEDIATE labels are another feature of the new triage system. Often litter or extri-

The Arizona Triage System in Action

Here's how a rescuer uses the new Arizona Triage System:

1. The rescuer wears the triage pack and evaluates patients using START categories.
2. The bottom of the tag is removed, if necessary, to expose the color/priority that best fits the patient's condition/classification: Immediate, Delayed, Minor or Dead/Dying.
3. The person performing triage tears off a patient-tracking stub and places it in the triage kit.
4. The triage tag is attached to the patient's wrist (or leg) with a nylon tie.
5. If the patient is classified as immediate, the rescuer places an IMMEDIATE label on or near them.
6. Once all patients have been triaged, the patient tracking slips are given to the triage officer.
7. The triage officer radios a triage report to incident command. Incident command then relays the information to dispatch.
8. On the back of the tag, providers can record the patient's name, address, history, vitals and treatment rendered.
9. The transportation sector uses the second tracking stub for hospital notification and their transport log.



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